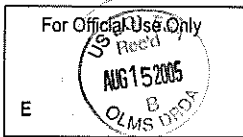


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

*AMENDED*

1. File Number U - <u>2637</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Mark</u> <u>D</u> <u>Lauritsen</u> P.O. Box, Bldg., Room No., if any <u>Suite 125</u> Street <u>Three Bala Plaza West</u> City <u>Bala Cynwyd</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>19004</u>	4. Name, file number, and address of labor organization. Name <u>UPCW Int'l Union</u> Labor Organization File Number <u>000-056</u> P.O. Box, Building and Room Number, if any Street <u>1775 K Street, NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>
5. Position in labor organization. <u>Vice President, Director Region 2</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount. 

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Mark Lauritsen*

On

8/11/05  
Date

610-867-2720  
Telephone Number

Name of Person Filing Mark Lauritsen	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Tri-State Administrators  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 27 Roland Ave.  
City Mt. Laurel  
State New Jersey ZIP Code + 4 08108

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW Local 56 Health & Welfare Fund  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 7730 Maple Ave.  
City Pennsauken  
State New Jersey ZIP Code + 4 08109

11.a. Nature of such dealing.

Provides administrative services to the Fund

11.b. Approximate dollar value of such dealing.

\$95,600

12.a. Nature of interest held or income received.

Christmas Basket which was distributed to staff and employees and not retained for personal use.

12.b. Amount.

\$200

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Chartwell Investment Partners  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 1235 Westlake Dr.  
City Berwyn  
State Pennsylvania ZIP Code + 4 19312

14.a. Nature of payment.

Golf at conference.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$45



## REGION 2 — MID-ATLANTIC



**Mark D. Lauritsen**, *International Vice President*  
Director

August 11, 2005

Via Overnight Delivery

U.S. Department of Labor  
ESA/OLMS  
Room N-5616  
200 Constitution Avenue  
Washington, DC 20210

Re: Amended LM-30 for 2004

Dear Sir or Madam:

Enclosed please find for filing an Amended Form LM-30 for 2004. This updates the Form LM-30 I filed dated June 27, 2005 to reflect additional information received since that time.

Sincerely,

Mark Lauritsen

Enclosure